

Office Supply Request for Non-Formulary Item

Requester Name: _____ Phone Number: _____

Department Name: _____ Cost Center: _____

Note; only one cost center per form

Item Detail

NOTE: JUSTIFICATION REQUIRED - WHY IS ITEM NEEDED INSTEAD OF ONE ON THE FORMULARY?

1. Item Number: _____ Quantity Needed: _____

Item Description: _____

Repeat Order: Yes ☐ No ☒ Single Order: Yes ☐ No ☒

Item Justification: _____

2. Item Number: _____ Quantity Needed: _____

Item Description: _____

Repeat Order: Yes ☐ No ☐ Single Order: Yes ☐ No ☐

Item Justification: _____

3. Item Number: _____

Item Description: _____

Repeat Order: Yes ☐ No ☐ Single Order: Yes ☐ No ☐

Item Justification: _____

DELIVERY ADDRESS - PLEASE PROVIDE BUILDING -FLOOR - ROOM NUMBER:

DELIVERY ADDRESS - _____

Requester Signature _____ Date _____

Approvals

Department Head Signature _____ Date _____

ADMIN Approval(over \$1000) _____ Date _____